HEARTLAND HEALTH CARE CTR-PEWAUKEE

N26 W23977 WATERTOWN RD

WAUKESHA	53188	Phone: (262) 523-0933	3	Ownership:	Corporation
Operated from	m 1/1 To 12/31	Days of Operation	366	Highest Level License:	Skilled
Operate in C	onjunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	ds Set Up and St	affed (12/31/04):	120	Title 18 (Medicare) Certified?	Yes
Total License	ed Bed Capacity	(12/31/04):	120	Title 19 (Medicaid) Certified?	Yes
Number of Re	sidents on 12/31	/04:	108	Average Daily Census:	111

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04) 8						
Home Health Care No		Primary Diagnosis	%	Age Groups	용	Less Than 1 Year	39.8		
Supp. Home Care-Personal Care	No					1 - 4 Years	48.1		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.6	More Than 4 Years	12.0		
Day Services No N		Mental Illness (Org./Psy)	45.4	65 - 74	7.4				
Respite Care Yes		Mental Illness (Other)	1.9	75 - 84	42.6		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	38.9	**********			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.9	95 & Over	6.5	Full-Time Equivalent			
Congregate Meals No		Cancer	0.9			- Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	6.5	ĺ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	11.1	65 & Over	95.4	İ			
Transportation	No	Cerebrovascular	17.6			RNs	7.4		
Referral Service	Yes	Diabetes	0.0	Gender	%	LPNs	20.6		
Other Services	No	Respiratory	1.9			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	13.9	Male	32.4	Aides, & Orderlies	56.6		
Mentally Ill	No			Female	67.6	İ			
Provide Day Programming for			100.0	İ		j			
Developmentally Disabled No				İ	100.0	İ			
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Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care		1	Managed Care	Į		
Level of Care	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	2.6	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Skilled Care	14	100.0	335	66	86.8	124	0	0.0	0	16	100.0	195	0	0.0	0	2	100.0	275	98	90.7
Intermediate				8	10.5	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	7.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		76	100.0		0	0.0		16	100.0		0	0.0		2	100.0		108	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period	 		 Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.8		90.7	6.5	108
Other Nursing Homes	1.1	Dressing	2.8		90.7	6.5	108
Acute Care Hospitals	93.5	Transferring	8.3		84.3	7.4	108
Psych. HospMR/DD Facilities	0.0	Toilet Use	7.4		85.2	7.4	108
Rehabilitation Hospitals	0.0	Eating	15.7		80.6	3.7	108
Other Locations	0.0	*******	******	*****	******	******	*****
Total Number of Admissions	185	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Re	spiratory Care	4.6
Private Home/No Home Health	8.4	Occ/Freg. Incontiner	nt of Bladder	38.0		acheostomy Care	0.9
Private Home/With Home Health	29.3	Occ/Freq. Incontiner	nt of Bowel	35.2	Receiving Su	ctioning	0.0
Other Nursing Homes	4.7	į -			Receiving Os	tomy Care	2.8
Acute Care Hospitals	16.8	Mobility			Receiving Tu	be Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.9	Receiving Me	chanically Altered Diets	29.6
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	10.5	Skin Care			Other Resident	Characteristics	
Deaths	30.4	With Pressure Sores		7.4	Have Advance	Directives	88.9
Total Number of Discharges		With Rashes		1.9	Medications		
(Including Deaths)	191	İ			Receiving Ps	ychoactive Drugs	16.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	Ownership:			Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	L99 Ski		Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.5	86.4	1.07	86.5	1.07	87.3	1.06	88.8	1.04
Current Residents from In-County	81.5	85.0	0.96	87.0	0.94	85.8	0.95	77.4	1.05
Admissions from In-County, Still Residing	19.5	18.1	1.08	18.9	1.03	20.1	0.97	19.4	1.00
Admissions/Average Daily Census	166.7	199.9	0.83	188.2	0.89	173.5	0.96	146.5	1.14
Discharges/Average Daily Census	172.1	201.1	0.86	190.4	0.90	174.4	0.99	148.0	1.16
Discharges To Private Residence/Average Daily Census	64.9	83.1	0.78	77.5	0.84	70.3	0.92	66.9	0.97
Residents Receiving Skilled Care	92.6	95.8	0.97	95.9	0.97	95.8	0.97	89.9	1.03
Residents Aged 65 and Older	95.4	84.4	1.13	90.5	1.05	90.7	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	70.4	61.2	1.15	56.3	1.25	56.7	1.24	66.1	1.07
Private Pay Funded Residents	14.8	13.7	1.08	22.2	0.67	23.3	0.64	20.6	0.72
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	47.2	30.0	1.57	29.0	1.63	32.5	1.45	33.6	1.40
General Medical Service Residents	13.9	23.2	0.60	25.4	0.55	24.0	0.58	21.1	0.66
Impaired ADL (Mean)	49.6	52.9	0.94	52.6	0.94	51.7	0.96	49.4	1.00
Psychological Problems	16.7	51.7	0.32	55.4	0.30	56.2	0.30	57.7	0.29
Nursing Care Required (Mean)	6.1	8.4	0.73	7.7	0.80	7.7	0.79	7.4	0.83